DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY

T.	I SEQUEN	MALE N	STATE OF MARY AND	
c 1 3809	(MDE USE ONLY)		WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE IN COLS. 3-6 QN ALL CA			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 518002
ST/CO USE ONLY DATE Received	DATE WELL COMPL		ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY	10/	2703	22 4 0 26 20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	Columb	0:0	Builder	20 20 30 31 32 30 34 30 30 31
STREET OR RFD	lest name	151	5.5 first name TOWN	Dayton
SUBDIVISION		Wn	SECTION	LOT
	L LOG for driven wells		WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORM COLOR, DEPTH, THICKNE	MATIONS PENETRATE	D, THEIR	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use	FEET	Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO	if water bearing	NO. OF BAGS 46 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)
iopsoil	0 2		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Buchet
brown shale	2 4		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
1			(enter 0 if from surface)	2.2
brown slate	: 4 17		casing CASING RECORD	BEFORE PUMPING 17 20 ft.
Grayish brown	* *		appropriate STEEL CONCRETE	WHEN PUMPING 55 ft.
slate	17 58	1/	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
- 1 h			PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
lannish/brown	55 59		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
Stor"	15 100		St 6 40"	27 below)
blue slate	59 310	V	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible
blursh/bray,	310 400		A diameter depth (feet) inch from to	
Slate W/6	Parte			PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	114		S N	(CIRCLE) (YES or NO)
	1		Ğ	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
			screen type SCREEN RECORD	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
			insert STEEL BRASS OPEN	IN BOX 29. CAPACITY:
			(appropriate code below) BRONZE P L O T	GALLONS PER MINUTE (to nearest gallon) 31 35
			below / PL OTT	PUMP HORSE POWER
NUMBER OF UNSUCCES	SFUL WELLS:	>	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37 41
	yes	no	HO 38 400	(nearest ft.)
WELL HYDROFRACTURE	D Y	N)	A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED			H ² 23 24 28 30 32 36 S	LAND SURFACE
E ELECTRIC LOG OBTAINED			C 3	below 2 (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION WELL			E SLOT SIZE 1 2 3	49 50 51 LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS A ACCORDANCE WITH COMAR 26.	ON ON "WIELL CONCEDU	TICALITY AAID	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND C	T THE INFORMATION I	THE ABOVE	OF SCREEN (NCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
KNOWLEDGE.	and all		from to	(MEASUREMENTS TO WELL) Propher
DRILLERS LIC. NO. 1 M LUD			GRAVEL PACK IF WELL DRILLED	Proping/
DRILLERS SIGNATURE			WAS FLOWING WELL INSERT F IN BOX 68 68	LET 13-
(MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	mell.
LIC NO. 1 D 2 1			T (E.R.O.S.) W Q	Indelpina Mill &
SITE SUPERVISOR (religion		70	tride &
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE LOG 74 75 76	12

SPECIAL CONDITIONS

D USE SEPARATE SHEET IF NEEDED

(B)

					1 10	2		
8	1250	CARA	A "	10	12/0			
Page		of	dick attend	The		12	1:30)
Date					The Control of the Co	10		

OF LAT FIFE LATER A			TO SECURE PROPERTY.
Am Large Field	V 10 900		
Review			- Section 18
	ALCOHOLOGY CONTRACTOR	Sept 1967 - The Second Section 1969	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3784 Location of property (road)	Fria HEIL Ad
	Lot Block Plat Sec.
	Owner Brown Columbia Blass
Depth of well 400 25 gr Distance of measuring point (M.P.) abov Static water level (S.W.L.) below M.P.	
I. High rate pumping reservoir drawdown	
Time pump started /30 Total time to reach pumping w	Pumping rate /5 CPM rater level 22 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	(if sed) Aug P Sat	CALCULATED FLOW (gallons per minute)
136	22 PT	4 500	380 RT	15 6 PM
145	26RT	4 Sec	<i>y</i>	15 6pm
200	30PT	4 500		15 com
215	33 PT	4 sec		15 GAM
230	34 KT	4 SEC		15 cm
245	34 RT	4 502		15 6 m
300	35R1	4 800		15 GAM
315	354	4800		15 Gpm
330	35 PT	4 sec		15610
345	35FT	4 522		1561m
400	35 KT	4300		15-60 m
415	35 PF	4 SEC		156pm
436	35KT	4500	# 100 mm	12261
		TESTED BY	Dreks	
The section of				
		The state of the s		
	77.1			

Page	`	 of	
Date			

9/25/03 lohr pump

Review	
11011011	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Locat	Permit No. HO - 94- tion of property (road) ivision AMES BROWN	PROP.	ria Mill Block	Rd Plat	Sec.
Well	Depth of well Distance of measuring Static water level (S			le Blars	
I.	High rate pumping res	servoir drawdown	Pumping rat	te ft. belo	ow M.P.

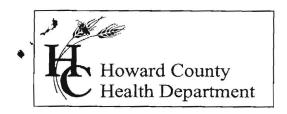
II. Recovery pump test data - observations to be recorded every 15 minutes

WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
	below M.P.	below M.P. time to fill 5 gallon bucket	below M.P. time to fill 5 (if used) gallon bucket (if used)

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is respon-	tible for requesting an inspection	on prior to 9 am on the day of the desired
inspection. No work is to be cover	ed until approved by the Heak	h Department. All installations must compl
with the National Standard Plus	nbing Code (NSPC, as amende	d locally) and COMAR 26.04.04 OFF Well
Construction Regulations). Subm	ission of a complete form is req	uired prior to Use and Occupancy approval
Company Name: Robert L. F		_
Company Name: 176 B 14-1	Telephone	#: 10 101 1035
Address: 6301 Bar no	H live	
54 K 640 1 1	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Must circle one) Licensed Plumbe	A Licensed Well Driller	Licensed Well Pump Installer
License # and name of individual res		
Name (Print): Robert L. Fix	720	License#_3122
*A licensed individual must perfor	m the actual installation. Ann	
		estaller or well driller. Licenses may be
subjected to field verification.	- vi manus piamoci, pump i-	or wear armer. Miceuses may be
	Teleph	204 (
Name of Property Owner:	Lot#:	
Subdivision: 15/79 15/4		Well 1ag # . HU - 19 - 3 / 67
	Pitless Adapter	Well Con and Florage Condition
Submersible Pump Data	Make: Campbel	Well Cap and Electric Conduit
Make: Sta-KIR	Model#: PT You	Two piece watertight cap:
Model #: 55PYDOZN	Depth: 43 11 (36" min)	Screened, vented well cap:
Pump Capacity 5 GPM		Cap secured to casing: Conduit min 18" B.G.:
Well Yield: 15 GPM Depth of well encountered at time of	NSF approved:	
		Conduit secured to well cap:
If pump espacity exceeds well yield,		11 Et by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are		
Safety rope, if used, attached to ins	ide of well cating with she poil	
Dielegas house	Wayee Campatian	
Piping to house	House Connection	ped soil at wall penetration:
Type: Poly	Approximate length of sl	
PSI: (160 psi min)		
Depth of supply line: 43 (16" min)	Sleeve caulked and seale	a property. V
The water supply line is required t	n he at least ten feet from the se	ptic tank, pump chamber, sewage piping,
distribution has desinfields and s	awage recerve area. If this can	not be accomplished, contact this office for
approval prior to installation.	emage reserve area. In this can	ness be accomplished, contact this office for
approva priorio installation.		10 1 m
Lelit I t	En C	3/3/64
Signature of company representative	responsible for installation	date - A lall all
Signature of company representative	Sponsiole for alstanation	TWE HEARY 314 19 C
For Health De	partment Use Only - Not to be	completed by Installer
		01/1
Date Insp. Requested:	Date Insp. Ap	proved: 3/4/04 (50)
Inspection Data: Pitless adapter and		
	alled and attached to casing secur	
	ds at least 18" below grade/attacl	
Safety rope installe	d inside of well casing	
	ached properly and casing 8" abo	
Water supply line s	leeved adequately at house conne	ection
Adequate grout obs	erved below pitless adapter	
-		
· · · · · · · · · · · · · · · · · · ·		



3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-1771 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 1, 2004

KD Builders, LLC 6420 Autumn Sky Way Columbia, MD 21044

SENT VIA FACSIMILE 410-992-3020

RE: 15179 Triadelphia Mill Road James Brown Property, Lot 1 BP # B00144749 Well Permit # HO-94-3784

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 05/17/2004. Final approval of the well line connection to the dwelling was approved on 03/04/2004.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3784. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:

05/20/2004, 05/25/2004 & 05/28/2004

Date of Well Completion:

10/02/2003

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File